

PLEASE PRINT ALL INFORMATION:

Student Name: _____ Age _____
(FIRST) (MIDDLE) (LAST)

Address: _____
(# Street) (City) (State) (Zip)

Home Phone: _____ Family E-Mail: _____

Child resides with: (Circle which apply) **Father** **Mother** **Both** **Guardian** (If guardian: please give us name and contact information if different from above)

<u>Sacraments Received</u>	<u>Date</u>	<u>Name of Church, City and State</u>
____ Baptism	____/____/____	_____
____ Reconciliation	____/____/____	_____
____ Eucharist	____/____/____	_____

Date of Birth: ____/____/____ City and State of Birth: _____

Grade in School: _____ Name of School: _____

Was your child involved in Faith Formation here at St. Sebastian last year? ____ Yes ____ No

Was your child involved in Faith Formation in another parish? ____ Yes ____ No Grades: _____

Name of Parish: _____ City and State: _____

Registering for Faith Formation Grade: _____ for the 2020 – 2021 school year.

FAMILY INFORMATION:

Father's Name: _____
(FIRST) (MIDDLE) (LAST)

Work Number: _____ Cell: _____ E-Mail: _____

Mother's Name: _____
(FIRST) (MIDDLE) (MAIDEN NAME)

Work Number: _____ Cell: _____ E-Mail: _____

Best way to be contacted: _____